

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

5803

1. PLACE OF DEATH

County Jackson  
Township Blue  
City Kansas City, Mo. (No. Lead Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 869  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mr. Edward M. Coffrey 216  
(a) Residence, No. 923 - East 13th St. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eva M. Coffrey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12, 1875</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>9</u>
	DAYS <u>8</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	13. NAME <u>George M. Coffrey</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Emma Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>H. E. McCall</u> (ADDRESS) <u>Lead Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Monticello Cemetery</u> DATE <u>Feb 22, 1938</u>		
19. UNDERTAKER <u>Daniel Bros</u> (ADDRESS) <u>104 Kansas Ave</u>		
20. FILED <u>27 22</u> 19 <u>38</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-38

22. I HEREBY CERTIFY That I attended deceased from Dec 11, 1937 to Feb 20, 1938, 1938  
I last saw him alive on Feb 20, 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset 1936 (?)

Other contributory causes of importance:  
23

Name of operation Sputum Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray & I Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? No (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No  
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?  
No  
(Signed) [Signature] M. D.  
(Address) [Address]

